



Washington State Board of Pharmacy
PO Box 47863
Olympia, WA 98504-7863
(360) 236-4842

Intern Site Evaluation Report

NOTE: *This form must be submitted to the Board office upon completion of an internship experience. No internship hours will be accepted without this evaluation report pursuant to WAC 246-858-050(1). If the internship experience exceeds twelve (12) months, it is recommended that this form be submitted annually.*

NAME OF INTERN	
NAME OF PRECEPTOR	
NAME OF INTERNSHIP SITE	
Intern evaluation of preceptor:	
Intern evaluation of internship program at this site:	
SIGNATURE OF INTERN	DATE